

**FOSTER CARE
PARENT-AGENCY TREATMENT PLAN
AND SERVICE AGREEMENT**
Michigan Family Independence Agency

Date Completed:	FIA Worker:
Household Name:	POS Worker:
Primary Caretaker:	
Secondary Caretaker:	
Child Information:	

A. Service Referral Table

Service Type Codes:

AD	Alcohol or Drug Abuse Rehab	HS	Homemaker Svcs/Parent Aides	ILO	IL - Other	OT	Other Program Needs
DC	Day Care	ILDL	IL - Daily Living Skills	ILPH	IL - Prevent. Health Svcs	PS	Parenting Skills
DV	Domestic Violence Program	ILED	IL - Education	ILSA	IL - Subst. Abuse Prevention/Treatment	TH	Individual/Group Therapy
ED	Education	ILET	IL - Employment/Training	JT	Job Training/Employ. Assist.	WP	Wrap Around
FC	Family/Outreach Counseling	ILMH	IL - Mentoring Housing	MD	Medical Service		
FR	Reunification Services	ILMM	IL - Money Mgmt and Budgeting	MH	Mental Health Services		

Service Status Codes:

N	New
U	Unavailable
R	Refused
CN	Continue
CM	Complete

Service Evaluation Codes:

S	Satisfactory
U	Unsatisfactory

Member	Need	Service Type	Service Provider	Referral Date	Start Date	Target Date	End Date	Serv. Status	Serv. Eval.

B. Parent/Caretaker Activities

Member	Need	Service Provider	Goal For Need	Specific Objectives	Activities	Expected Outcome

C. Child Activities

Member	Need	Service Provider	Goal For Need	Specific Objectives	Activities	Expected Outcome

D. Additional Parent Activities

E. Parenting Time

F. Caregiver Activities

Services to be provided by the foster parent/kinship caregivers to the -

1. Child(ren):

2. Parent(s):

G. Foster Care Worker Activities

Services to be provided by the foster care worker to the -

1. Foster Parent(s)/Relatives(s)/Other:

2. Parent(s):

3. Child(ren):

The development of this plan was negotiated with.....

By signing below I agree that I have read the above, discussed it with my foster care worker, and understand what is expected of me to facilitate the permanency planning goal.

_____	_____
_____	_____

By signing below on behalf of the Family Independence Agency we agree to those activities outlined above and will assist the family in their efforts to facilitate the Permanency Planning goal.

Name and Title:

Signature: _____ **Date:** _____

Name and Title:

Signature: _____ **Date:** _____

FIA Local Office Name: _____

FIA Local Office Approval:

Name and Title: _____ **Date:** _____

_____ **Date:** _____

The local office shall approve, or disapprove, in writing, the ISP for a child in purchased foster care or residential care. The Purchase of Service (POS) Agency is responsible for all elements of the service plan in cases where they have accepted responsibility for providing family services per the FIA-3600 (RFF-3600) contract. The local office is responsible for reporting requirements only when the POS agency has not accepted total case responsibility. The report from the local office should not duplicate the POS agency report, but should address those areas for which the POS agency is not responsible per the FIA-3600 contract. Signing the ISP, submitted by the POS agency indicates approval. The approved ISP is to be returned to the POS agency within seven days of receipt; a copy is retained in the child's case record.

The local office is responsible for knowing what services are being purchased from the POS agency and for monitoring compliance with the FIA-3600. When a noncompliance situation is identified, it is to be brought to the attention of the POS agency both verbally and in writing. If efforts to resolve the area of conflict locally are not successful, the situation is to be brought to the attention of the appropriate Zone Office. If the Zone Office is unable to intervene successfully, then the Division of Child and Family Services is to be involved. (See CFF914, Monitoring Worker Responsibilities for more information.)

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: P.A. 280 of 1939.
RESPONSE: Voluntary.
PENALTY: None